Care Ethics and Structural Injustice

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1. Introduction

Philosophical interest in structural injustice has risen sharply since the publication of Iris

Marion Young's *Responsibility for Justice* (Young 2011). In short, a structural injustice occurs

when social, economic, or political processes operate to produce an unjust outcome, where

those processes cannot be reduced to identifiable wrongs perpetrated by isolatable agents

(regardless of whether those agents are individuals or collectives, such as governments or

corporations).[1] Paradigm examples of structural injustices include widespread homelessness

and exploitative labour practices—both of which are examples analysed by Young.

    As Young explains, an individual might end up without a home—or might end up

working under terrible conditions—through no fault of any individual (or even collective)

agent. This is because all agents operating in the system that produces such outcomes are

constrained by what the system makes possible. The system might be set up to produce such

outcomes, regardless of the choices of agents operating within the system. In such cases, the

standard 'liability model' for distributing responsibility goes silent: the liability model of

responsibility demands that each unjust outcome must be traced to the culpable actions of

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[1] One might think 'mainstream' theories of justice—notably, John Rawls (1971)—have always
been concerned with structural injustice; after all, Rawls argued that the ideal of justice applies
to the 'basic structure' of society. Yet Rawls' ideal-theoretic approach contrasts with the
concerns of structural injustice theorists like Young, who start with injustices in the here and
now, such as homelessness and sweatshop labour. Moreover, Rawls' theory (and that of other
mainstream justice theorists) concerns mostly the 'formal' institutions of the basic structure,
rather than the largely uncodified social systems and practices analysed by Young.

identifiable agent(s), yet there are no identifiable agent(s) that can be singled out as the sole perpetrators of structural injustice. The primary task of theorists, then, has been to develop *alternative models for assigning responsibility* for structural injustices.

In this chapter, I suggest that care ethics offers useful resources for developing alternative models of responsibility in the face of structural injustice. I begin in Section 2 by providing an overview of what structural injustice is and of the 'forward-looking' models of responsibility that have been developed by theorists for dealing with it. These forward-looking models stand in contrast to the 'liability model' described above. My goal in Section 2 is not to expose any specific limitations of these existing forward-looking models: I believe they are on the right track. My claim, therefore, is not that care ethics offers an incompatible alternative to the existing forward-looking models. My goal in Section 2 is to outline what structural injustice theorists have said thus far, so that subsequent sections can reveal what care ethics is able to add as a complement to these theories.

In Section 3, I give an overview of (my interpretation of) care ethics. This will reveal several points of resonance between care ethics and existing forward-looking theories of responsibility for structural injustice. In short, I view care ethics as concerned with *human dependency*. In the care ethical framework, forward-looking responsibilities arise out of this dependency. The forward-looking responsibilities of care ethics call upon us to engage in practices of care, where these practices include both actions and attitudes, and where care is an ongoing and open-ended process that necessarily includes contributions from the care recipient. The paradigm examples of care occur within personal human relationships—such as between friends and family. Yet care ethics is obviously not limited to such contexts, instead calling upon agents to bring a caring orientation to other forms of interdependency—including the economic, political, and social interdependencies that are at issue in structural injustices.

In Section 4, I weave these two threads together, explicitly enumerating several care ethical insights that can be brought to bear on forward-looking theories of responsibility for structural injustice. For example, on my care ethical approach, responsibilities can arise regardless of the behaviours one has performed in the past or present. Also, the care ethical approach emphasises context-specificity and the importance of foregrounding the voices of those who are negatively affected by problematic social arrangements, including structural injustice.

Throughout, I will use the example of climate change as a case study. I am not the first to theorise climate change as a structural injustice (see, for example, Eckersley 2016, Godoy 2017, Larrère 2018, and Sardo 2020). Yet I am not aware of any work that brings *care ethics* specifically to bear on climate change as a structural injustice.[2] In this way, my argument reveals how three areas of normative concern—care ethics, structural injustice, and climate ethics—can be mutually informative.

2. Structural Injustice

2.1 What is Structural Injustice?

According to Young, structural injustice exists

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[2] Mara Marin (2017) provides a somewhat care ethical approach to structural injustice (not climate change specifically), but she conceives of care ethics very differently from me. Marin's core notion is *commitment*, such as the commitments found in personal relationships to friends, spouses, and so on. Marin argues that individuals are committed to social structures in similar ways to how they are committed to personal relationships. According to Marin, this commitment both generates obligations to change social structures and can motivate individuals to engage in solidary action. As we will see, commitment is not the basis of obligations (or forward-looking responsibilities) under my conception of care ethics. Another recent theorist who has examined care through the lens of structural injustice is Hee-Kang Kim (2021). Kim examines how structural injustices oppress those engaged in caring relationships, paradigmatically children and their women carers. Kim's analysis therefore does not so much use care ethics as a normative theory to conceptualise responsibility for resolving structural injustice, but rather as an analytic theory to conceptualise gendered care work as an instance of structural injustice.

when social processes put large groups of persons under systemic threat of domination or deprivation of the means to develop and exercise their capacities, at the same time that these processes enable others to dominate or have a wide range of opportunities for developing and exercising capacities available to them. Structural injustice is a kind of moral wrong distinct from the wrongful action of an individual agent or the repressive policies of a state. Structural injustice occurs as a consequence of many individuals and institutions acting to pursue their particular goals and interests, for the most part within the limits of accepted rules and norms. (2011, 52)

Young's characterisation is largely compatible with other, more recent, analyses. For example, Sally Haslanger defines structural injustice as follows:

Structural injustice occurs when the practices that create the structure – the network of positions and relations – (a) distort our understanding of what is valuable, or (b) organize us in ways that are unjust/harmful/wrong, e.g., by distributing resources unjustly or violating the principles of democratic equality. Systemic injustice occurs when an unjust structure is maintained in a complex system that its self-reinforcing, adaptive, and creates subjects whose identity is shaped to conform to it. (2023, 22)

Thus, Haslanger distinguishes between a 'structure' and a 'system.' A 'structure' is an abstract array of positions and relations between those positions. A 'system' is a specific instantiation of a structure. For example, the 'structure' of a carbon-based economy includes roles or positions such as 'coal extractor,' 'coal burner,' and so on, where these positions are related by economic relations such as the 'sells coal to' relation or the 'buys coal from' relation. Such structures can be unjust, for example by giving too much power to those who own the means of production, or by not including positions and relations that hold the powerful in-check. Meanwhile, a *specific* carbon-based economy—for example, the global economy in the twenty-first century—is a 'system,' insofar as it instantiates the more general 'structure' of a carbon-

based economy. A specific system can be unjust in ways that are not necessarily reflected in the abstract structure, for example because of how that system is embedded historically or environmentally.

For our purposes, we need not be concerned with the differences between Young's and Haslanger's accounts, or with the intricate differences between systemic and structural injustice. It is more illuminating to focus on the similarities between Young and Haslanger, and between systemic and structural injustice. As Lisa Herzog puts it, what we can generally take from these accounts of structural and systemic injustice is the importance of focusing on the "social *positions* that individuals can end up in, emphasizing that these should neither be understood as the result of personal failure nor as caused by unhappy circumstances for which no one is responsible." (2016, 414) That is: structures and systems are maintained and instantiated by people; they are therefore not merely "unhappy circumstances." Yet structures and systems often are not the result of identifiable actions of any particular agents within the structure/system; they are therefore not simply "the result of personal failure."

Likewise, Robin Zheng employs the concept of "unendorsed structural wrongs" to refer to "actions of an otherwise morally unobjectionable type that harm others by forming part of unjust social-structural processes – usually without the agent's knowing, willing, or desiring to do so" (2021, 17). As Zheng puts it, "the primary source of their wrongness is located in the overarching *system* of domination as a whole and only very derivatively in the individual acts themselves." (2021, 18) When applied to a harm such as climate change, it seems clear that many agents are "knowing" in the sense that they know their actions form part of harmful social-structural processes. Yet these harms are not a matter of agents' "willing" or "desiring" to cause these harms; instead, we operate in a social-economic structure that leaves us little choice.

More generally, whether we are using Young's, Haslanger's, Herzog's, or Zheng's characterisation of structural injustice, it's fairly easy to see how climate change will count as a structural injustice. In the climate change case, the relevant 'social processes' (following Young and Zheng), or 'practices' (following Haslanger), or 'positions' (following Herzog) rely on *the burning of fossil fuels*. These processes, practices, and positions deprive some people within the structure of the means to exercise their capacities (namely, those people who suffer climate harms), at the same time as others within the structure reap benefits (for example, fossil fuel companies and their executives). This distributes resources unjustly, so there is an injustice at play.

Yet the actions that contribute to this injustice are, in Zheng's words, "otherwise morally unobjectionable." There is nothing inherently wrong with heating one's home, driving one's car, or flying to visit one's relatives. While we might be able to attribute *some* (what Herzog calls) 'personal failure' to actors within the system—most glaringly, to fossil fuel companies—arguably the level of personal failure that can be attributed to such actors is not *proportionate* to the enormous scale of the injustice. They can be attributed liability for their own choices and plans, but these identifiably culpable choices and plans do not 'add up' to the full extent of the structural injustice. As Young puts it, all actors in the structure "operate under serious structural constraints" (2011, 132), making it difficult for them to do otherwise than act so as to maintain the system. The *system itself* is the locus of the injustice.

2.2 Responsibility for Structural Injustice

Given these features of structural injustice, what kind of responsibility can be attributed? In answer to this question, Young advocates the 'social connection model' of responsibility. Within this model, 'responsibility' is understood as a *forward-looking* imperative, rather than

a *backward-looking* assessment of culpability or blameworthiness (as under the liability model sketched in Section 1). Young writes:

> The social connection model of responsibility says that individuals bear responsibility for structural injustice because they contribute by their actions to the processes that produce unjust outcomes. Our responsibility derives from belonging together with others in a system of interdependent processes of cooperation and competition through which we seek benefits and aim to realize projects . . . All who dwell within the structures must *take* responsibility for remedying injustices they cause, though none is specifically liable for the harm in a legal sense. Responsibility in relation to injustice thus derives … from participating in the diverse institutional processes that produces structural injustice. (2011, 105, emphasis added)

The responsibility at issue here is not a matter of morally assessing what agents have done in the past, so as to assess these actions as culpable, reckless, negligent, or otherwise wrongful. Instead, the 'responsibility' is something one must *take* into the future. Young thus eschews a *backward-looking* lens in favour of a *forward-looking* lens. Roughly, the backward-looking lens examines the past, asking which agents produced the structural injustice in a manner that is culpable or blameworthy. The forward-looking lens examines the future, asking which agents can take up responsibility for ameliorating the structural injustice.

Some theorists have vigorously argued—contra Young—that there is much backward-looking responsibility in the context of structural injustice.[3] Indeed, one might think that the assertion of forward-looking responsibility makes little sense if agents will not, in the future, become blameworthy should they fail to adequately perform their forward-looking

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[3] See, for example, Nussbaum 2011; Barry and Ferracioli 2013; Abdel-Nour 2018; Beck 2020; Barry and Goodin 2021. I agree with these authors that backward-looking considerations might deserve more of a place than Young gives them in her theory; however, my contribution will be to supplement the forward-looking part of Young's theory.

responsibilities. But I shall leave these points about the viability of backward-looking responsibility to one side. My goal is ultimately to bring care ethics to bear on structural injustice. Care ethics (in my rendering) shares Young's emphasis on the forward-looking over the backward-looking. Yet care ethics need not deny that backward-looking considerations also apply, as we will see. I will therefore consider the forward-looking aspects of Young's account, while leaving open the possibility that backward-looking responsibility also has a place in normative analyses of structural injustice.

Young's forward-looking account of responsibility for structural injustice delineates four 'parameters of reasoning,' which Young recommends agents use when deciding how to perform their forward-looking responsibilities. The four parameters of reasoning are power, privilege, interest, and collective ability. As Young puts it, the 'power' parameter states that "[w]hen individuals and organizations do not have sufficient energy and resources to respond to all of the structural injustices to which they are connected, they should focus on those where they have a greater capacity to influence structural processes." (2011, 144) The 'privilege' parameter applies to those who benefit from the structural injustice; these people also have "greater responsibilities than others to take actions to undermine injustice." (2011, 145) The 'interest' parameter picks out those whose "self-interest may coincide with promoting justice." (2011, 146) Here, Young singles out victims of structural injustice as having special responsibilities, since "[i]t is they who know the most about the harms they suffer." (2011, 146; see similarly Jugov and Ypi 2019.) Finally, the 'collective ability' parameter identifies agents who "are in positions where they can draw on the resources of already organized entities and use them in new ways for trying to promote change." (2011, 147) On Young's account, agents should consider these parameters when acting to alleviate structural injustice.

Before turning to care ethics, it is worth considering some other, more recent, accounts of forward-looking responsibility for structural injustice. Like Young's, these more recent

accounts can also be complemented by the care ethical approach that I will develop. One such account is that of Robin Zheng (2018), who has developed a "role-ideal model" of responsibility for structural injustice. On Zheng's model, each agent occupies various social roles—such as their professional, familial, cultural, and religious roles. Each role brings in train a number of expectations about behaviour and ways of being in the world. According to Zheng, we each have responsibility to push the boundaries of our roles in ways that might ameliorate structural injustice. Thus, the nature of one's forward-looking responsibility is shaped by and situated within the roles one finds oneself in, on Zheng's theory.

Another recent theory is that of Maeve McKeown (2018), who argues that forward-looking responsibility for structural injustice is created by the fact that agents *reproduce* structural injustice through their actions. To use an example related to climate change: driving a car might not *cause* climate change (since the climate is already changing and will change regardless of whether one drives one's car), but driving one's car does help *reproduce* the processes that lead to climate change. McKeown suggests that such social and economic reproduction is the basis of agents' forward-looking responsibility. Unlike Zheng's account, then, we can see McKeown's account as a theory of the *basis* of forward-looking responsibility, without so much specifying the *content* of those responsibilities.

Finally, Corwin Aragon and Alison M. Jaggar (2018) suggest that forward-looking responsibility for structural injustice is grounded not in a broad notion of 'connection' as Young contended, nor in the specific 'parameters of reasoning' that Young distinguished, but rather in agents' *complicity* in structural injustice. Their theory, like McKeown's, thus concerns the *basis* (not so much the *content*) of our forward-looking responsibilities. Of course, for agents to count as 'complicit' in structural injustice, we will need a concept of complicity that does not require intentions: most agents who act in ways that perpetuate structural injustice do not *intend* to do so. Thus, Aragon and Jaggar develop a concept of "structural complicity,"

which they argue is the basis of agents' forward-looking responsibility to ameliorate structural injustice. This concept of structural complicity allows agents to be unintentionally complicit.

These accounts from Zheng, McKeown, and Aragon and Jaggar all emphasise the *embeddedness* of agents within structural injustice. For Zheng, our *roles* embed us within unjust systems and shape what we should do to act on those systems; for McKeown, our actions that *reproduce* the injustice embeds us in unjust processes and justifies our forward-looking responsibility for changing those processes; for Aragon and Jaggar, our *complicity* embeds us in structural injustice and justifies our forward-looking responsibility to respond. I take these accounts to be broadly compatible and not necessarily competitors: it might be that our forward-looking responsibilities are grounded in our contributions (Young), and our roles (Zheng), and our reproduction (McKeown), and our complicity (Aragon and Jaggar), while we should act in ways shaped by our parameters (Young) and our roles (Zheng). As we will see, this general emphasis on our embedded agency has important resonances with care ethics. Care ethics is, therefore, a promising place to turn in further fleshing out this picture of our forward-looking responsibility for structural injustice. I turn to this next.

3. Care Ethics

There are many different care ethical theories. Depending on which theory one chooses, one will get slightly different results for theorising responsibility for structural injustice. In this section, I will lay out my own preferred version of the theory.[4]

Care ethics starts from a specific vision of human life: humans are unavoidably entangled in webs of dependency relations with others. We all depend on particular others, in various ways, and have particular others who depend on us, in various ways. This includes more personal relationships (such as the dependence of a child on their parent, or dependence

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[4] In Collins (2015), I argued for roughly the following version of care ethics.

of spouses on one another) and more distant relationships (such as the dependence of those who grow our food on our purchase of that food). Because dependence is pervasive and present from the start of life, ethical decisions are inevitably made in the context of this entanglement, not in the abstract.

Care ethics takes the phenomenology of actual decision-making as crucial data for ethical theorising. When deciding what we should do in a given circumstance, we typically take account of the particularities and complexities of the relationships between the unique persons in the dilemma. We do not normally apply abstract rules or perform regimented calculi. These decision-making processes often strike us as coldly lacking in moral qualities or not quite suitable for the given situation. Rather, we remain focused on the concrete world, which contains an intricate web of connections that call on us to make a moral response.

Early care ethicists developed these themes—contextual particularity, the uselessness of general principles, and webs of relationships extended over time—from their presentation in Carol Gilligan's *In A Different Voice* (Gilligan 1982), which focused on the moral experience of women.[5] Gilligan found that many of her interview subjects did not appeal to general principles or make categorical assertions about right and wrong. They instead used "the responsibility conception," which "focuses on the limitations of any particular resolution and describes the conflicts that remain" (Gilligan 1982, 22). This ambivalence was a result of subjects' perception that each dilemma involved many conflicting responsibilities. Paradigmatically, Gilligan described "Amy," a subject who saw a particular dilemma as "a narrative of relationships that extends over time" in "a world that coheres through human

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[5] In my view, theorists such as Joan Tronto (1987) convincingly separated the ethics of care from "women's ethics." I will therefore put to one side care ethics' association with feminism and "the feminine," on the assumption care ethics' status as a cause, effect, help, or hindrance to the various (contested) goals of feminism(s) can be separated from care ethics' commitments as a normative ethical and political theory. (This assumption is not uncontentious (for example, Held (2006, 20) rejects it).)

connection rather than through systems of rules" (1982, 28–9). Gilligan asserted that this "orientation toward relationships and interdependence implies a more contextual mode of judgment and a different moral understanding" than one that focuses on universal ethical principles (1982, 29).

Building on these insights, in my view care ethics asserts that responsibilities derive directly from relationships between particular people, rather than from abstract rules and principles; that deliberation should be empathy-based rather than duty- or principle-based; that personal relationships have a moral value that is often overlooked by other theories; that at least some responsibilities aim at fulfilling the particular needs of vulnerable persons (including their need for empowerment), rather than the universal rights of rational agents; and that morality demands not just one-off acts, but also certain ongoing patterns of interactions with others and certain general attitudes and dispositions. Most importantly, care ethicists claim that morality demands actions and attitudes of *care*, in addition to those of respect, non-interference, and tit-for-tat reciprocity (which care ethicists generally see as over-emphasised in other normative ethical and political theories).

Not all care ethicists hold all these views, different theorists define them differently, and different theorists emphasise different ones. Nonetheless, this loose cluster of claims gives us some sense of what care ethicists believe matters. What's more, most care ethicists accept that care must be in some way fused or combined with its early opponent, justice, where "justice" can be understood as primarily concerned with liberty and reciprocity (Kittay 1997, 232; Kittay 1999; Held 2004, 65, 68; Held 2006, 15–17; Robinson 1999, 23ff; Ruddick 1998; Tronto 1987, 167). Care ethicists thus task themselves with pointing out important ethical truths that have been neglected by other theories. But they need not claim that other theories get nothing right. This allows that backward-looking blameworthiness—and the 'liability model' of responsibility—does indeed have a place in our moral assessments. But, like Young in her

analysis of structural injustice, care ethics does not emphasise the backward-looking notions employed by the liability model. It seeks to turn our attention elsewhere.

As I view it, the core normative claim of care ethics is that *dependence relationships generate moral imperatives to provide care* (Collins 2015). Call this 'the care imperative.' The care imperative is 'normative' in the straightforward sense it involves an 'ought': the 'ought' of a moral imperative. This normative claim therefore differs from the descriptive claims of care ethics, such as the claim that humans are inevitably interdependent and that moral reasoning inevitably happens in the context of that interdependency. Nonetheless, there is a close connection between these descriptive claims and the care imperative: if it is true, as a matter of fact, that humans are independent and reason from the context of this interdependence, then it would stand to reason that such interdependence should form the basis of forward-looking moral imperatives.

In my view, dependence relationships hold when: (1) there is an *important interest* that is unfulfilled; (2) an agent is *sufficiently capable* of fulfilling that interest; and (3) the agent's most efficacious measure for doing so is *not too costly*. These three components generate a "well-placed" dependency responsibility, that is, a responsibility that is grounded in one's being well-placed to fulfil another's important interests. Some relationships instead generate a "best-placed" dependency responsibility: a dependency responsibility grounded in one's being best-placed to fulfil another's important interests. Best-placed dependency responsibilities arise when a fourth component is present: (4) the agent's fulfilling the interest would be the *least costly* of any agent's doing so. (I lay out these conditions in Collins (2015, 97).)

My account has affinities with others in the literature. For the purposes of this chapter, it is not necessary to choose between my account and these other ones: what matters is that all these accounts endorse (something like) the care imperative identified above. For example, Eva Feder Kittay gives a compelling account of the pervasiveness of dependence in human life,

before using that descriptive account to argue for the following "principle of social responsibility for care," which has strong resonances with the care imperative: "*[t]o each according to his or her need for care, from each according to his or her capacity for care, and such support from social institutions as to make available resources and opportunities to those providing care, so that all will be adequately attended in relations that are sustaining*" (1999, 113, emphasis in original).[6] Similarly, Daniel Engster states that "[i]n claiming care from others, we *imply* that capable human beings ought to help individuals in need when they are able to do so consistent with their other caring obligations." (2007, 48, emphasis added.) On Engster's theory of care ethics, then, something very much like the care imperative derives from the fact that all humans have experienced receiving care from others in times of dependency. The important point here is that care ethics includes the care imperative; it is less important whether one endorses a justification and specification of that imperative that comes from myself, Kittay, Engster, or a different theorist.

Care ethics is thus an essentially *relational* theory: the fundamental basis of moral requirements is found in relations between people. For care ethics, these are *relations of dependence*. 'Dependence,' in this context, is not a matter of mere psychological reliance or trust. We can be dependent on each other without knowing it and without being disposed to act in any way on that basis. Instead, dependence is a matter of objective vulnerability: it's a matter of our most important interests being such that they can be fulfilled only (or most effectively, efficiently, or usefully) by certain behaviours or attitudes from others, who thereby acquire

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[6] Kittay (1999, 133) leads up to this principle with the following observations: "If we were to amend the theory of justice as fairness to include the social position of the participants in the dependency relation, it would most likely give rise to a [principle that] in contrast to the others, would not be based on our equal vulnerability, nor on our possession of rationality, a sense of justice, and a vision of our own good. Instead, it would be based on our unequal vulnerability in dependency, on our moral power to respond to other in need, and on the primacy of human relations to happiness and well-being." This demonstrates how (what I have called) the care imperative derives from the descriptive facts of human interdependency, included unequal dependency.

forward-looking moral responsibilities. By emphasising relations between particular persons, the care imperative differs from typical "cosmopolitan-utilitarian" or "humanitarian" accounts of responsibility. (This is important, because Young explicitly distinguishes her account of responsibility from injustice from such accounts (2011, 104-105), and I seek to follow her in this. For more on how care ethics' relation focus makes it different from utilitarianism, see Collins forthcoming.)

The care imperative requires deep contextual sensitivity in its application, which ties it to the concrete particulars of interrelated human lives. The question of what to do, feel, or judge in a given situation cannot be answered in abstraction from the particular persons—and particular relations—at issue (Ruddick 1992, 152; Kittay 1997, 236; Held 2006, 80; Robinson 2011, 4). For this reason, most care ethicists are resistant to general moral principles, instead advocating a contextual, embedded, and empathetic mode of reasoning, outlined above (Miller 2005, 139; Sevenhuijsen 1998, 57; Engster 2004, 114; Tronto 2013, 53-55; Meyers 1987, 142; Noddings 1984, 85).

Does this scepticism about general moral principle mean we should reject the care imperative, since it is a moral principle? I don't think so. The care imperative is a matter of the *justificatory* grounds of our forward-looking responsibilities, rather than a matter of the method we should use for *deliberating* about those responsibilities. To foreshadow the next section: Young grounds our forward-looking responsibilities in our *connections*, McKeown grounds them in our *reproduction*, and Aragon and Jaggar ground them in our *complicity*; in complement to these, my care ethical approach grounds our forward-looking responsibilities for structural injustice in our *dependence relationships*. This 'grounding' relation is an objective justificatory relation. But it doesn't mean that we should think about dependence constantly while responding to structural injustice: the imperative to provide care is not necessarily an imperative to think about dependence all the time. Dependence relations *justify*

our responsibilities. Yet the *content* or *deliberative procedure* required by those responsibilities might be something quite different.

Indeed, the care imperative is not silent on the required content or deliberative procedure. It states that dependence relationships generate moral imperatives to provide *care*. Thus, *care* is the content or deliberative procedure that is recommended by care ethics. But what is care? In my view, care includes both attitudes and actions—where the latter, importantly, are usually not one-off performances, but rather require ongoing practices, habits, and dispositions. More specifically, I have argued that, concerning caring attitudes:

> Care ethics sometimes calls for agents to have *caring attitudes*, that is, attitudes that: (i) have as their object something that has *interests*, or something that might affect something that has interests; and that (ii) are a *positive response* (e.g. promoting, respecting, revering) to those interests; and that (iii) lead the agent's *affects, desires, decisions, attention*, or so on to be influenced by how the agent believes things are going with the interest-bearer. (Collins 2015, 64, emphasis added)

And further, concerning caring actions:

> Care ethics sometimes calls for agents to perform [caring] actions (i) that are performed under the (perhaps tacit) *intention of fulfilling (or going some way to fulfilling) interest/*s that the agent perceives some moral person (the recipient) to have; (ii) where the strength of the demand is a complex function of the value of the intention, the likelihood that the action will fulfil the interest, and the extent to which the interest is appropriately described as a 'need.' (Collins 2015, p. 80, emphasis added)

It is important that these precepts of care ethics—precepts requiring agents to hold caring attitudes and perform caring actions—are not simple duties or obligations that can be fully 'discharged.' Both caring attitudes and caring actions are a matter of on-going and open-ended processes and orientations towards the world. This is also how Young uses the term 'responsibility' in contrast to 'duty' or 'obligation': unlike duties and obligations, responsibilities are open-ended and potentially insatiable (Young 2011, 143).

In fact, care is perhaps better viewed as an *interpersonal process*, rather than a personal attitude or action—even of the ongoing or open-ended kind. By viewing caregiving as an interpersonal process, the care-recipient becomes a much more active player in successful caring. On this view of caring, care arises out of interactions between the caregiver and care-recipient. This can be contrasted with a view on which care is entirely a matter of certain attitudes and actions on the part of caregiver, wherein the care-recipient is relegated to the role of passive receptacle.

A useful version of the 'interpersonal process' view of caring is Joan Tronto's four-stage theory of caring. Tronto's formulation makes the care-recipient active in the final stage of successful caregiving—which turns care into more of an interpersonal process than a personal attitude or action. Tronto's four stages of caring are: (1) attentiveness, which can be understood as a proclivity or disposition to become aware of need; (2) responsibility, which is a willingness to respond and take care of need; (3) competence, which is the skill of providing good care to those in need whom one can help; and finally (4) responsiveness, which includes consideration of the position of others as they see it and recognition of the potential for abuse in care (1993, 126-136).

Tronto's fourth phase can be further enriched by adding what Kittay (2014) calls "the completion of care." This is a stage of caring in which the care-recipient "takes up" and responds to the actions of the caregiver. For an infant, this might mean ceasing to cry. For

someone with advanced dementia, this might mean acting at ease. Kittay goes so far as to say that the care recipient has an obligation to receive care graciously, if they are able to bear obligations at all. Similarly, Virginia Held says that care is "more the characterization of a social relation than the description of an individual disposition, and social relations are not reducible to individual states." (2006, 42) The suggestion from all these thinkers is that successful caregiving actively involves both the caregiver and care recipient. For the purposes of this chapter, it is not necessary to choose between the accounts of Tronto, Kittay, or Held: what matters is that all three accounts include a strong role for the care recipient. I will put this role to work in the next section, when I bring care into conversation with structural injustice theorists. (For competing definitions of the 'care' at issue in care ethics, see e.g. Bubeck 1995, 127; Engster 2007, 28.)

A final point to about my preferred version of care ethics concerns the role of personal relationships within the theory. Personal relationships are those in which the participants value one another non-fungibly—that is, the other participants in the relationship could not simply be replaced by another person, even if the replacement person had all the same properties or features as the person being replaced. According to my preferred version of care ethics:

> To the extent that they have value to individuals in the relationship, [personal] relationships ought to be (a) treated as moral paradigms, (b) valued, preserved, or promoted (as appropriate to the circumstance at hand) and (c) acknowledged as giving rise to weighty duties. (Collins 2015, 145-6)

To treat personal relationships as 'moral paradigms' is to take them to be a model to emulate in other, less personal contexts. This means approaching other relationships as we do our personal relationships, at least to some extent—for example, by approaching those less personal relationships with empathy, attention to complex particularities, and a view towards the open-ended thriving of all parties to the relationship. In the next section on care ethical

lessons for structural injustice, I will focus on part (a) of the above precept, since parts (b) and (c) concern the treatment of personal relationships themselves, which are not so much at issue in cases of structural injustice.

With this sketch of care ethics on the table, we can turn to consider the ways in which it enriches and complements the theories of responsibility for structural injustice that were outlined in Section 2.

4. Care Ethical Responsibility for Structural Injustice

A first point to note is that care ethics agrees with the forward-looking focus of Young and the other forward-looking responsibility theorists. Care ethics' forward-looking orientation can easily be deduced from the distinction that's typically drawn between care and justice. Although almost all care ethicists recognise the importance of combining the insights of care theories and justice theories (see, e.g., Held 2006, 15–17; Pettersen 2008, ch. 6), it's still true that care ethics is not so much concerned with attributing blame or liability for wrongs that occurred in the past, as is typical within backward-looking theories. Instead, care ethics—and, more specifically, the care imperative that I outlined in the previous section—is concerned with the question of who should do what in the future. It is, in this sense, a forward-looking theory of responsibility for structural injustice.

Yet care ethics suggests both a different *foundation*, and a different *content*, for these responsibilities than is envisioned by the structural injustice theorists outlined in Section 2. First, let us consider the *foundation* of responsibility. Care ethical responsibilities are founded on dependency: we have a responsibility to care for those whose needs are dependent on our care (or the care of groups to which we belong). This differs from the justificatory bases provided by Young, McKeown, and Aragon and Jaggar. For Young, as we saw above, responsibility for structural injustice is grounded in one's contribution to structural injustice.

Yet as Zheng points out, on Young's contribution-based approach "individuals can try to avoid responsibility by denying that they have any backward-looking causal connections or forward-looking ability to control structural processes." (Zheng 2018, 874) On my care ethical approach, by contrast, our responsibility is grounded in the fact that others in the structure are *vulnerable* to our choices. This is not a matter of having caused structural injustice or having the ability to control structural injustice taken as a whole.

The care ethical approach likewise differs from, while resonating with, Young's four 'parameters of reasoning.' Recall that these parameters are power, privilege, interest, and collective ability. The parameter of 'power' has much in common with the care imperative. Those with power are those who have a "greater capacity" to alleviate structural injustice (Young 2011, 144). Similarly, the care imperative says a person has a responsibility to care if another's important interests are vulnerable to the person's care, which will at least partly be a matter of the person having a "greater capacity." Yet the relation of "dependence" includes more than just "greater capacity." A relation of "dependence" holds when one person is either best-placed, or simply well-placed, to fulfil another's important interest, using a measure that is not too costly. Thus, a dependence relation can hold even if one does not have a "greater capacity" than others in a *comparative* sense: on the care imperative, one might have a responsibility simply by being *well-placed*, even if one is not *better-placed* than others. Additionally, as explained in the previous section, my preferred notion of "dependence" includes the condition that one can act at not too much cost; thus, considerations of 'over-demandingness' are internal to the care imperative, in a way they are not internal to Young's notion of 'power.'

When it comes to Young's other three parameters of reasoning—privilege, interest, and collective ability—it is clearer how the care imperative is distinct. The care imperative differs from 'privilege' in that it might produce responsibilities regardless of whether one *benefits*

from structural injustice. It differs from 'interest' in that it produces responsibilities even when one's *own wellbeing* is not at stake. And it differs from 'collective ability' in that it calls for action even beyond the confines of *already-established organizations*. Yet, the care imperative encapsulates much of what is appealing about these three parameters of reasoning: arguably, those with privilege, those with interest (such as victims), and those with collective ability, should each act on structural injustice precisely *when and because others depend on them*. (In the case of victims, those who depend on them are *other victims*; this generates victim-to-victim responsibilities, as argued by Ashwini Vasanthakumar (2018)). The care imperative can thus unify and explain Young's four parameters of reasoning, without displacing them in the practical deliberative process of actual agents.

What about the approaches of McKeown, and of Aragon and Jaggar? On McKeown's approach, forward-looking responsibility is grounded in the fact that one *reproduces* structural injustice. In arguing for her approach, McKeown critiques 'dependent connection' as a potential basis for forward-looking responsibilities to ameliorate structural injustice. McKeown's critique deserves consideration, since dependent connection has seeming similarities to my care ethical approach. On the dependent connection approach critiqued by McKeown, responsibilities are generated by the fact that the responsibility-bearer is dependent on those towards whom they have responsibilities. For example, I might have responsibilities to victims of climate harms, since my high-emissions lifestyle 'depends' on these people being harmed. This dependence approach is the *reverse* of the care-ethical approach. On the care-ethical approach, responsibilities are generated by the fact that the responsibility-bearer *is depended upon* by those who are vulnerable to the attitudes and actions of the responsibility-bearer—not the fact that the responsibility-bearer *depends upon* others. This avoids many of the critiques forwarded by McKeown (2018, 489-491).

That said, McKeown states that responsibility for structural injustice is "a responsibility to ensure that the structures in which we act are just, not a direct responsibility for the well-being of particular others." (2018, 492) She also objects to "the familiar way of thinking about global injustice: that the rich have obligations toward the poor." (2018, 493) These two critiques might seem to apply to the care ethical approach. Yet the care ethical approach handles both of these critiques. By noting that caring actions are always contextually-embedded, we allow that caring actions in the context of structural injustice require acting to improve structures, rather than merely targeting others' wellbeing directly. Also, the care ethical approach does not assume that 'the poor' are dependent on 'the rich.' Those who are well-placed or best-placed to provide care in a particular structural context will not often be 'the rich.' It is an open question who is well-placed or best-placed to provide care within a particular structural injustice—but as care is often best provided at local levels, within communities. It is only in these contexts that particularised empathy and deliberation can occur. Affluent allies might have a responsibility to provide material resources through democratically accountable channels. But community-led action will often be best, particularly in the third of Tronto's four phases, which involves "the skill of providing good care to those in need whom one can help."

As opposed to dependent connection, McKeown advocates responsibility that's grounded in *reproducing* structural injustice. As she puts it: "when I go to a high-street shop, the structural injustice of sweatshop labor already exists, but when I purchase clothes, I reproduce the practice. Structures are the preconditions for our actions, but we also reproduce unjust structures when we act." (McKeown 2018, 497) Such reproduction produces responsibilities, on McKeown's account.

The care ethical approach adds to this reproduction-based approach, because the care imperative can apply even in contexts where reproduction does not occur. McKeown herself mentions "the bottom billion," that is, those "who make little or no contribution to the global

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economy, living subsistence lives" (McKeown 2018, 491). It's unclear how any of my actions *reproduce* structures that maintain the radical inequality between such people and the global 1%; after all, "the bottom billion" are defined by non-participation in global economic structures. Yet this inequality is undoubtedly a structural injustice: it results from economic and social systems, without being part of those systems. It seems we need something other than the reproduction of structures to ground responsibility in this context.

The care ethical approach produces responsibilities for those who are well-placed or best-placed to fulfil the important interests of "the bottom billion." As noted above, this does not imply that 'the rich' must 'save' 'the poor': the rich are often ignorant about how to do so, and their meddling may be unhelpful, because they are incapable of the kind of sensitive contextual deliberation that care ethics champions. Often those who are distant cannot usefully engage in the kind of empathetic, particularised, and open-ended orientation that is required by care. Yet they can act in ways that facilitate such care by others. The point is that the care ethical approach allows that responsibilities can arise without the kind of reproduction McKeown points to. Thus, care ethics can complement the reproduction-based approach, offering an alternative foundation for forward-looking responsibilities.

Similar remarks apply to Aragon and Jaggar's approach. According to them, forward-looking responsibility is grounded in the fact that one is *complicit* in structural injustice. Like Young's "contribution" and McKeown's "reproduction," Aragon and Jaggar's "complicity" requires that one has performed some positive actions in the past: it "links our present responsibilities with our past and present exercise of agency, providing a moral grounding for these responsibilities." (Aragon and Jaggar 2018, 447) Unlike other theories of complicity (e.g. Kutz 2000), Aragon and Jaggar's conception of complicity does not require any particular state of mind on the part of complicitous people. Instead, "[p]eople are structurally complicit when

they exercise their agency in ways that reinforce the unjust social structures in which they participate, regardless of their conscious intentions." (Aragon and Jaggar 2018, 449)

My care ethical approach differs from this in that it does not require any actions or omissions of complicity: one can acquire responsibility for structural injustice without necessarily acting in ways that reinforce that injustice. Likewise, not all who act complicitously will acquire responsibilities on my account. To take the example of climate change, most people in the world are complicit, in the sense that most people participate in the global economy in ways that reinforce the carbon-based economic structure that has unjust effects on the victims of climate harms. Yet not all these people are best-placed or even well-placed to perform actions or adopt attitudes that will fulfil the important interests of victims of climate harms. On Aragon and Jaggar's approach, it seems such people would nonetheless have (pro tanto and overridable) responsibilities. My account takes a more targeted approach to responsibilities.

Finally, the care ethical approach complements Zheng's role-based approach. For Zheng, one has a forward-looking responsibility to push the boundaries of one's roles in a way that ameliorates the structural injustices in which those roles are enmeshed. Yet one's role itself cannot be what justifies one's responsibility to push the boundaries of one's role. After all, roles themselves do not contain the justifications for their own alteration; if they did, such alternation would not be 'alteration' or 'boundary-pushing' at all, since those actions would also be included within the role. Therefore, the justification for altering a role must come from *outside* the role itself.

The question thus arises: why should one push one's role—say, the role of 'oil company executive'—in this way rather than that way? Zheng's theory does not—as she notes (2018, 883)—provide us with a normative theory that tells us *when* we should work to overthrow our roles, or *in what direction* we should push the boundaries our roles. The care ethical approach

fills this gap: it points out that others' need-fulfilment is *vulnerable to* or *dependent on* how we push our roles; therefore, we should work to change our roles in ways that fulfil the needs (including the need for autonomy and empowered agency) of those who depend on us.

The discussion in this section thus far has mostly concerned the foundations, grounds, or justifications for forward-looking responsibility for structural injustice. Yet care ethics also has insights concerning the *content* of forward-looking responsibilities. Under conditions of structural injustice, the care imperative demands attitudes and actions of *care*, where these require particularised empathetic deliberation and include open-ended habits, practices, and dispositions. Care is both individual and structural: it needn't be only a matter of face-to-face interaction with particular others, but can rather include acting on social processes, procedures, and practices with a view to the needs of particular others. In this way, one can care for distant others (see likewise Held 2006; Tronto 2013). But what does care look like in practice, in the context of structural injustice?

Here it is important that care ethics takes a situated and particularistic approach to moral decisions. Deliberation about how to act in a given situation requires close attention to the particularities of one's relations to others in that situation. This applies as much to structural injustice as to personal life. Recall that care ethics takes personal relationships as *moral paradigms*, which means that even the non-personal relationships at issue in structural injustice should be approached with empathy, attention to complex particularities, and a view towards the open-ended thriving of all parties to the relationship. It is difficult to generalise.

Nonetheless, a few points can be made. A first point is that care is oriented towards the perspective of those who are disadvantaged by structural injustice. Care starts from their perspective and their needs, and those who are disadvantaged have an essential role to play in defining 'successful' care. This is the insight of Tronto's 'responsiveness' and Kittay's 'the completion of care.' Taking climate change as an example, this might mean starting from the

perspective of people who are particularly affected by structural injustice—for example, Indigenous peoples. Extreme and unpredictable weather, and receding ice, has already impacted the lives of Inuit peoples in ways that disrupt their use of traditional knowledge and practices. Climate change has made it more difficult to hunt for food, disrupted generations of cultural traditions, and negative impacted mental health (Mercer 2018). On a care ethical approach to the structural injustice of climate change, such perspectives would be central.

A second point is that care ethical approaches to structural injustice will engage in what Daniel Engster calls "the principle of subsidiarity." On this principle, "we should shift the actual delivery of care whenever possible to the most local and personal levels. We should care for others whenever possible by enabling them to care for themselves." (Engster 2007, 58) This principle follows from the fact that care ethics aims to fulfil needs, in combination with the acknowledgment that needs are particular and contextual—and, therefore, that those who are in a situation know best what needs are at stake in a situation.[7] In the climate change context, this might mean working to alleviate structural injustice by acting within one's own community or own's own part of the supply chain, rather than trying to intervene unilaterally at the other end of a supply chain.

More specifically, in the context of climate change, the principle of subsidiarity might be respected by taking action at the local level. Indeed, economists have argued that smaller governance units might have an important role to play in building the trust required to adequately reduce carbon emissions (Ostrom 2010). When many different such units are combined—operating in overlapping and interactive ways—the result would be a polycentric system that overall responds to the demand for mitigation of climate change, adaption to climate change, and responses to claims of loss and damage from climate change. Such a

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[7] This point has some resonances with Young's "interest" parameter, which underlines the idea that the care imperative can be used to unify Young's four parameters.

polycentric system is arguably already beginning to exist in response to the climate crisis, for example in cooperation between local and regional governments, non-governmental organizations, and even corporations (Andonova, Betsill and Bulkeley 2009; Bäckstrand et al. 2017; Aragon and Jaggar (2018, 453-454) make similar proposals for polycentric action on the structural injustice of migrant domestic labour, but my account still differs from theirs regarding the foundations of responsibility).

Conclusion

Care ethics is a rich and diverse moral tradition. In this chapter, I do not claim to have captured the full richness and diversity. I rather hope to have revealed what one specific understanding of care ethics can contribute to debates about forward-looking responsibility for structural injustice. On that understanding of care ethics, the core normative claim of care ethics is that *dependence relationships generate moral imperatives to provide care*. This provides a different justification for responsibilities than recent theories structural injustice, while also saying something about the content of those responsibilities. I hope this demonstrates the more general point that care ethics has much to contribute to ongoing and emerging topics in social and political theory.

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